Rs. 30.00 lakhs is provided to those Institutions/Organisations who have the facilities for treatment of cancer patients and has well-equipped Radiotherapy Department. All these are one-time grant.

District Cancer Control Programme

A scheme of district project (duration-five years) for health education, detection and pain relief measures under National Cancer Control Programme was initiated during the year 1990-91. In this scheme, financial assistance of Rs. 15.00 lakhs is provided to the State Government/UT administration for each district selected under the scheme with a provision of Rs. 10.00 lakhs per annum for each district for the remaining four years of the project period. After five years, the project is to be taken over by the State Government.

Financial Assistance to Registered Voluntary Organisations

Under the scheme assistance upto Rs. 5.00 lakhs is provided to the Voluntary Organisations for undertaking health education and early detection activities in cancer on the specific recommendations of the State Government.

Regional Cancer Centres

This Ministry has recognised 19 Regional Cancer Centres in different States/UTs. The Chittaranjan National Cancer Institute, Kolkata and Institute Rotary Cancer Hospital (IRCH), AIIMS, New Delhi have got a different funding pattern. Remaining RCCs are paid an amount of 75.00 lakhs annually. These RCCs extend treatment facilities and conduct research in the field of Cancer.

Report of XIV International AIDS Conference

2682. PROF. M. SANKARALINGAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to a 33-page report released by the XIV International AIDS Conference stating that police abuse of AIDS prevention of workers in India is hampering efforts to stop the spread of AIDS in the country;

(b) if so, the details thereof and Government's reaction thereto;

(c) the steps taken by Government to stop the spread of AIDS in the country for the last three years; and

(d) how far such steps helped in that direction?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA) : (a) Yes, Sir.

(b) The Human Rights Watch, an NGO, research team, based at New York contacted nineteen Non-Governmental Organisations (NGOs) working in some areas of HIV/AIDS in Mumbai, New Delhi, Chennai and Sangli. They interviewed about forty HIV/AIDS outreach workers and few of their co-ordinators. The NGO-Human Rights Watch also contacted representatives of United Nations System working on HIV/AIDS. Officials of National AIDS Control Organisation and Project Director of Tamil Nadu State AIDS Control Society were also consulted. The main findings of the research team were:

(a) Harassment of HIV/AIDS outreach workers/peer educators working with men-who-have-sex-with-men (MSM). The issue is under section 377 of Indian Penal Code, men having sex with men is a punishable offence.

(b) Male sex workers who are peer educators are beaten up by police for carrying condoms, and are subjected to frequent arrest and detentions and face extortion of money.

(c) Delay in enquiry in cases registered against politicians, police and other persons by sex workers or outreach workers/peer educators.

(d) Police abuse of peer educators working with commercial sex workers, severe beating of women in detention, extortion of money and not allowing peer educator to operate.

(e) Demand for money and free service (free sex) by the police on regular basis.

(f) Public humiliation of peer educators in the form of being physically assaulted, insulted and verbally abused.

(g) Refusal of registering reports at the police station against the police personnel.

(h) Peer educators are arrested on false charges framed against them to ensure their long detention.

One of the major components of the National AIDS Control Programme is to provide focussed services such as peer education and counseling, treatment of sexually transmitted diseases and promotion of condom among the most vulnerable and marginalised groups of the population, in order to promote safe sex. The success of such intervention is determined by the environment under which the services are being provided. Government provides funds to State AIDS Control Societies for advocacy and sensitization programmes among elected representatives, bureaucrats, police officials etc. in order to create an enabling environment so that the individuals practising high-risk behaviour are motivated to avail the services under Targeted interventions projects.

In spite of these efforts, there are reports about police harassment on outreach workers because of their ignorance about HIV/AIDS.

(c) In order to prevent and control the spread of HIV/AIDS in India, Government of India has launched a comprehensive Programme, currently under implementation throughout the country as a centrally sponsored scheme with the following components:—

- Reducing the spread of HIV in groups at high risk by identification of target populations and providing peer counselling, condom promotion and treatment of sexually transmitted infections. In case of injecting drugs users, harm reduction intervention such as needle exchange programme is also promoted.
- Preventive intervention for the general population by Information, Education and Communication (IEC) and awareness campaign, provision of voluntary testing and counselling, safe blood transfusion services and prevention of occupational exposure.
- Providing financial assistance for opportunistic infections, home and community based care.
- Strengthening effectiveness and technical, managerial, financial sustainability at National, State and Municipal levels.
- Promoting collaboration amongst public, private and voluntary sectors.

(d) Government is conducting regular rounds of nation-wide sentinel surveillance to track geographical spread of the HIV epidemic. The data is also used for estimation of total HIV infected persons in the country. These data reveal that the estimated number of HIV infection was 3.5 million in 1998, 3.71 in 1999, 3.86 million in 2000 and 3.97 million in the year 2001. These data indicate that there has been showing in the growth of the epidemic.

Tenure of CGHS doctors

2683. SHRI RAJNATH SINGH 'SURYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any norm that a CGHS doctor will not remain in a single place for more then a specified period;

(b) if so, the details thereof; and

(c) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA) : (a) and (b) Yes, Sir. Guidelines have been formulated for transfer of doctors working in CGHS dispensaries.

As per these guidelines, transfer of doctors from one dispensary to another is normally made by the concerned Additional/Joint Director of the CGHS organisation in the concerned CGHS covered city after a period of three to four years. The period of stay at a particular place may also extend upto five years also.

(c) In view of (a) and (b) above, the question does not arise.

Replacing the test of injection syringes by LAL-test

2684. SHRI AMAR SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have started replacing the test of injection syringes produced in India, which is done on rabbits for toxicity and pyrogencity, by LAL-test;

(b) if so, the details thereof; and

(c) if not, whether any time-frame has been set to do so?